UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.60
31 January 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1996
9-12 April 1996
Item 3 (e) of the provisional agenda*

FOR ACTION

RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMME**

Lebanon

SUMMARY

The present document contains a recommendation for additional general resources to fund the approved country programme for Lebanon for which the balance of approved general resources is not sufficient to fund the programme up to the end of the approved programme period. The Executive Director recommends that the Executive Board approve additional general resources in the amount of $156,000 for 1996 to achieve the objectives of the country programme as originally approved by the Board.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

/...

1. The current country programme for Lebanon covering the period 1992-1996 was approved by the Executive Board in 1992 with an allocation of $5 million from general resources and $20 million in supplementary funds (E/ICEF/1992/P/L.28). A country note for Lebanon (E/ICEF/1996/P/L.36) was presented to the first regular session of the Executive Board of 1996. A full country programme recommendation for the period 1997-2001 will be presented to the Board at its third regular session of 1996.

2. Led by the Government, there was a great deal of momentum to achieve most of the mid-decade goals and the objectives of the country programme. After a joint assessment, the Government and UNICEF mutually agreed to accelerate action to sustain the high levels of immunization, salt iodization, oral rehydration therapy (ORT), baby-friendly hospitals, education for peace and follow-up to the Convention on the Rights of the Child. UNICEF authorized special support to these actions and to assist children and women suffering from the results of armed conflict. As a result, there is a shortage of available general resources for 1996 in the amount of $156,000.

3. As a result of the Lebanese war, there are many children and women in especially difficult circumstances. More than 800,000 people were forced to leave their homes during the war, of whom some 450,000 remain displaced. Some 53,000 children have physical and/or mental disabilities. Strategies have yet to be developed to deal with this problem. Some 10 per cent of the country remains under occupation, with resulting effects on women and children.

4. Nationally, according to 1994 data, the infant mortality rate (IMR) was estimated at 32 per 1,000 live births and the under-five mortality rate at 40 per 1,000 live births. Some 74 per cent of infant deaths occur in the first month, mainly from congenital malformations, premature births and low birth weight. Acute respiratory infections are the largest single cause of infant and child mortality and morbidity. However, these numbers mask severe problems in underserved and conflict-affected areas. In the Beirut suburbs, IMR is estimated to be three times higher than in the city itself, and 60 per cent of all under-five mortality occurs in the Beqa'a and northern areas where only 25 per cent of all children under five years of age live. Many of the mid-decade goals have been met at the national level, e.g. coverage for combined diphtheria/pertussis/tetanus vaccine and three doses of oral polio vaccine increased from 82 per cent in 1990 to 92 per cent in 1994. Use of ORT rose from 45 to 82 per cent in the same period. There has been only one case of polio since 1992. All salt available for human consumption is now iodized. In education, enrolment at the primary level is already high at 96 per cent, with no evident gender disparity. However, 70 per cent of secondary school students drop out, a sign of inadequate quality of education. Repetition rates are high, and 62 per cent of all children in the primary cycle are over age.

5. The private sector provides about 85 per cent of health services. Private schools enrol 73 per cent of students. In remote areas, both the Government and non-governmental organizations (NGOs) serve the poorer population, although the quality of services generally is not high.

6. Achievement of the mid-decade goals became possible with the use of strategies aimed at capacity-building through extensive training of government agencies and NGOs. As a whole, cooperation with national and local NGOs was positive. UNICEF supported cooperation between the private and public sectors which was a success, for example, with medical and paramedical schools and associations, and in basic education, particularly in the framework of the global education initiative and the learning achievements project. Likewise, integrated approaches, combining water supply and sanitation activities with the control of diarrhoeal diseases (CDD) as components of the health programme, proved to be extremely effective.

7. In the least developed regions, specially designed activities in immunization and CDD were effective. Awareness-raising campaigns and the dissemination of knowledge and health education aimed at women led to improvements in the numbers of children taken to immunization points or treated quickly for respiratory and diarrhoeal infections. The importance of maintaining an emergency response capacity, as was shown during the military operations that occurred in south Lebanon and West Beqa'a, remains an important concern.

8. National data for planning and monitoring were generally insufficient. Therefore, a major requirement was to support the development of cost-effective national mechanisms for data collection and evaluation for use by the Government, the private sector and NGOs.

RECOMMENDED PROGRAMME COOPERATION, 1996

9. In 1996, the programme will help the Government to rehabilitate the delivery of basic services. This involves UNICEF support for supplies for schools, health facilities, teacher-training facilities and water works. Institutional capacity-building will include local-level training as well as technical and logistical assistance. However, 1996 will be a period of transition for the Lebanon country programme. On the one hand, it will focus on consolidating and strengthening the sustainability of the gains made over the past four years, including basic health, immunization, ORT, salt iodization and education for peace. However, this will also be the last year when UNICEF support will be characterized mostly by supply assistance. For example, under the next country programme, the Government will be responsible for essential drugs, vaccines and water supply equipment currently provided by UNICEF.

10. The $156,000 requested will bring the total available general resources to $850,000 for 1996 which will be allocated as follows: $370,000 for basic education; $190,000 for education; $170,000 for water and sanitation; and $120,000 for planning, monitoring and advocacy. This is intended to continue to strengthen basic primary health care, reorient the education for peace project so that it becomes part of the mainstream of the educational system, support educational planning, advocate the implementation of the Convention on the Rights of the Child, provide special support to the most underserved geographic pockets of poverty in the country, strengthen women's income-generation projects and improve the assessment of the magnitude and scope of the post-war problem of children and women in especially difficult circumstances.

Additional funding requirements
(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1996
1992-1996	694	156

a/ The amount shown here includes the actual balance carried over from previous programme cycle.